

PD4000060745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

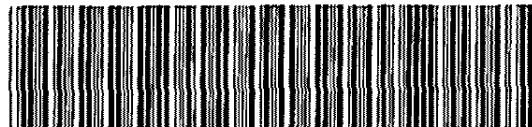
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FILED  
04 MAY -4 PM 4:30  
TALLAHASSEE, FLORIDA

O. Ocasio MAY 11 2004

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NURSE CARE Health Services Corp

**DOCUMENT NUMBER:** PD 4 0000 60745

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBORAH Reed  
(Name of Person)

NURSE CARE  
(Name of Firm/Company)

36511 U.S Hwy 19  
(Address)

PAIM HARBOR FL 34684  
(City/State/and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DEBORAH Reed at (727) 791-1511  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Department of State:

Nurse Care Health Services Corp

SECOND: The document number of the corporation (if known): PO4000060745

THIRD: The file date of the articles of incorporation was: 04/09/04

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 30 day of APRIL, 2004.

Signature: Deborah A Reed

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

DEBORAH A Reed

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

04 MAY - 4 PM 4:30

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